



ACKNOWLEDGMENT OF RISKS AND RELEASE OF LIABILITY

PRINT NAME _____

COURSE/ACTIVITY TITLE _____ COURSE/ACTIVITY DATE(S) _____

In consideration of the services of the University of Alaska, its agents, employees, trustees, officers, contractors and all other persons or entities associated with it (collectively referred to as "UA"), I have read, understand, and agree to this Acknowledgment of Risk and Release of Liability agreement, and I confirm its representations and all its provisions.

I acknowledge the course or activity in which I have enrolled has risks, including certain risks which cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to my equipment, accidental injury, illness, or in extreme cases, permanent trauma, disability or death. I understand that UA does not want to frighten me or reduce my enthusiasm for this activity, but thinks it is important for me to know in advance what to expect and to be informed of the activities' inherent risks.

I am aware that this course or activity includes risks of injury or death to myself. I understand the course catalog description of the course prerequisites and risks is not complete and that other unknown or unanticipated risks may result in property loss, injury or death. I agree to assume responsibility for all the risks associated with this course or activity. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the risks.

I possess at least the following qualifications, which are prerequisites to my participation in this activity:

I have read and understand the following: The General and Safety Information in the UA Catalog of Courses and the course information packet, including the Course Description and Objectives, the General Information, and the physical conditioning information.

I have verified with my physician and other medical professionals that I have no past or current physical or psychological condition that might affect my participation in the course or activity, other than as described on the medical form. I authorize UA to obtain or provide emergency hospitalization, surgical or other medical care for me.

I agree that this Acknowledgment of Risks and Release of Liability are governed by the laws of the State of Alaska. Further, any suit or administrative proceeding arising out of or relating to my enrollment or participation in this course or activity or any other dispute with UA must be filed or entered into only in the State of Alaska.

I acknowledge and assume all risks of the course or activity, known and unknown, inherent or otherwise. In addition, I release, discharge, and agree to defend and indemnify the UA, its agents, employees, trustees, officers, contractors and all other persons or entities associated with it (collectively referred to as "UA") from all claims and liability for any loss or damage in any way connected with my enrollment or participation in this course or activity. This release includes loss or damage claimed to be caused by the negligence of UA. I also agree to protect and indemnify UA from claims of loss or injury to persons attempting to rescue me. I understand that in signing this document I surrender my right to make a claim or file a lawsuit against UA for personal injury or property damage, wrongful death, or otherwise, except in cases of intentional wrongs or the recklessness of UA.

I and my parent(s) or guardian, if I am a minor, have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and all members of my family.

SIGNATURE (STUDENT): _____ DATE: _____

The parent(s) or guardian must sign below if the student is under 18 years of age. In consideration of UA's allowing the student to participate in the course or activity, the undersigned parent(s) or guardian agree on their own behalf to release UA from any claim the parent(s) or guardian may have because of injury or loss suffered by the student, including injury or loss claimed to be caused by the negligence of UA. In addition, the parent(s) or guardian agree on their own behalf to protect and indemnify UA from any claim and related expenses and fees, brought at any time by the student or by anyone on the student's behalf, or by any member of the student's family, or by another course or activity participant, arising out of the student's enrollment or participation in the activity. This indemnity includes claims of UA's negligence, but not its intentional wrongs or recklessness.

SIGNATURE (PARENT OR GUARDIAN): _____ DATE: _____

JAP:3810

DISTRIBUTION: White - Department

Yellow - Participant

7/98

STUDENT ACCIDENT INSURANCE IS AVAILABLE THROUGH CAMPUS RISK MANAGEMENT

UAA: 786-1351

UAF: 474-7889

UAS: 465-6496

SW: 474-4765